IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

CHESTER J. CULVER
GOVERNOR

PATTY JUDGE
LT. GOVERNOR

DEAN A. LERNER, DIRECTOR

October 24, 2008

Nichole Will, Director
Country House
900 W 46th Street
Davenport, IA 52806-4362

**RE: I. Final Complaint #18835, Complaint Revisit #17623R1 and Recertification Report**
**II. Civil Penalty**
**III. Hearings/Appeals**
**IV. Conclusion**

Dear Ms. Will:

**I. Final Complaint #18835, Complaint Revisit #17623R1 and Recertification Report – Country House, Davenport, IA**

Enclosed is the **Final Complaint #18835, Complaint Revisit #17623R1 and Recertification Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code section 231C.7 (2007) and Iowa Administrative Code, chapters 321—25, pertaining to assisted living programs and 321—26, pertaining to monitoring, civil penalties and complaints regarding assisted living programs. The Final Report notes the **Regulatory Insufficiencies,** as defined in the areas of: Evaluation of Tenant, Service Plan, Medications, Nurse Review, Food Service and Other.

DIA is accepting the program's Plan of Correction (POC).

**II. Civil Penalty**

If no appeal is requested within 30 days of receipt of this Final Incident Investigation Report the civil penalty obligation, in the amount of one thousand five hundred ($1,500.00) dollars, is required.

## III. Hearings/Appeals

The Program may appeal the DIA decision in accordance to 321 IAC 26.4, within 30 days of notice, by submitting a request for appeal to the DIA. Hearings will be held pursuant to 481 IAC Chapter 10. If the program appeals, the civil penalty will be suspended, pending appeal. If the program does not appeal, the fine is due within 30 days of notice.

## IV. Conclusion

Country House's Plan of Correction is accepted. A civil penalty of $1,500.00 is assessed.

DIA may revisit the program to confirm compliance in fulfilling the POC's corrective measures. If the program wishes to appeal or request a hearing on the final findings, the program may do so within 30 days of this letter.

If you have any questions in regard to these matters, please contact me at (515) 281-5077.

Sincerely,

Ann Martin

Ann Martin, Bureau Chief
Adult Services Bureau

Enclosure

# Iowa Department of Inspections and Appeals
# Assisted Living Program
# Final Complaint Investigation, Complaint Investigation Revisit & Recertification Monitoring Evaluation

**Assisted Living Program:**

Nichole Will, Director
Country House Residences
900 W 46th St
Davenport, IA 52806-4362

**Complaint Intake #: 18835**
**17623R1**

**Date of Investigation:**

September 2 & 3, 2008

**Monitor(s):**

Stephanie Cummins, SW MA
Lincoln Newsom, RN

**Definitions:**

The following definitions are relevant:

**Regulatory Insufficiency** - A violation of a statutory or rule provision within the Iowa Code or Iowa Administrative Code (IAC) governing assisted living programs. A regulatory insufficiency requires a plan of correction to be presented to, and approved by, the Department of Inspections and Appeals (DIA).

**Plan of Correction** - A written response to one or more regulatory insufficiencies that are rule violations [321 IAC 26.2(5)(a)]. The plan should identify how, and by a specific date, an insufficiency will be corrected. The plan is due to DIA within ten (10) working days of the program's receipt of a Complaint Investigation Report. Depending on the circumstances, DIA may revisit the assisted living program to confirm progress in fulfilling a plan's corrective measures.

**Dementia-specific assisted living program** - An assisted living program certified under 321 IAC - chapter 25 that either serves five or more tenants with dementia or cognitive disorder staged between 4 and 7 on the Global Deterioration Scale or holds itself out as providing special care for persons with cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

**Overview:**

A complaint investigation, complaint investigation revisit and recertification on-site visit was conducted at Country House Residences on September 2 & 3, 2008. In preparing this report, the following information was considered:

**Current Program Census:**

***General Population Program (GPP)**** – Not applicable.

***Dementia Specific Program (DSP)**** – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

| | |
|---|---|
| Current number of tenants in a DSP that holds itself out as providing specialized care in a dedicated setting: | 26 |
| Current number of tenants without cognitive disorder: | 3 |
| Total Population: | 29 |

***These are the census numbers represented by the program to be applicable at the time of the on-site.**

**Tenant/Family Satisfaction Results** –Three family interviews were held. Family stated the building was clean and one family member stated the cleaning had improved. Family stated privacy was respected. They indicated the food was good and one family member indicated the food had improved. Family felt welcome and visited the program frequently. Family stated there were sufficient activities offered and the Activity Director did a good job. They stated there were gatherings for Mother's Day, Christmas and picnics. One family member stated the Activity Director made efforts to encourage tenants to attend activities. Family received an activity calendar monthly. Family reported communication needed to be improved from staff to staff especially regarding medications. They stated the Director, LPN/Administrative Assistant and Activity Director were wonderful people. They felt safe with the tenants at the program and one family said it was the best in the Quad Cities. One family member stated the improvements with the program have been noted since the new Director began in her role. Family stated the tenants benefited from the care they received and one family member stated the tenants were safe, well cared for and treated with respect. They stated they have recommended the program to others.

**Accreditation Status** –Not applicable.

**Program History** – There were substantiated Regulatory Insufficiencies in the areas of: Evaluation of Tenants, Service Plans, Nurse Review, Staffing, Record Checks and Other this certification period.

The June 25, 2008 Incident Investigation visit resulted in the program being required to pay a civil penalty of $500.00.

**Complaint Investigation** – The complaint investigator(s) made the observations detailed in the following areas.

**Current Program Census:**

***General Population Program (GPP)**** – Not applicable.

***Dementia Specific Program (DSP)**** – A program that is a Dementia Specific Program by definition or holds itself out as providing specialized care in a dedicated setting but may have tenants without cognitive disorder.

| | |
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The June 25, 2008 Incident Investigation visit resulted in the program being required to pay a civil penalty of $500.00.

**Complaint Investigation** – The complaint investigator(s) made the observations detailed in the following areas.

**A. Evaluation of Tenant** - The program evaluates each tenant's functional and cognitive abilities and health status and the determination of needed services as required. [321 IAC 25.23(1) and/or (2)]

Monitoring Observation: Eight tenant files were reviewed.

Tenant #1, an 80 year old, was admitted on 1-29-08 with a diagnosis of Alzheimer's Disease. The tenant was staged at seven on the Global Deterioration Scale (GDS), dated 8-11-08, which indicated very severe cognitive impairment. According to the nurse, on 7-17-08 the tenant presented with odorous urine and with an area which appeared to be a red circle with a pustule in the center and an antibiotic was ordered on 7-17-08. The tenant presented with increased behaviors on 8-7-08. The nurse indicated the tenant also continued to have an increase in the reddened area on his/her bottom after antibiotic treatment and staff have used a diaper rash ointment, Udder Balm, and other over the counter ointments. The area was not completely healed and at present Auquiphillic cream was being applied to the rash. The nurse indicated the rash extends along the bilateral labia area and onto each buttock. The tenant was seen by a physician on 9-3-08 and Baza cream was ordered to be applied to the affected area twice daily and Macrodantin, 50 mg, was ordered. Evaluations were completed on 8-11-08; however, evaluations were not completed, as needed.

- Regulatory Insufficiency: The program did not consistently evaluate each tenants' functional, cognitive and health status, as needed, to determine the tenants' continued eligibility for the program and to determine any modifications to the services needed. (25.23(2))

**B. Service Plan** – Program has an individualized service plan developed and updated for each tenant as required. [321 IAC 25.28]

Monitoring Observation: Eight tenant files were reviewed.

Tenant #1, on 7-17-08, presented with odorous urine and an area which appeared to be a red circle with a pustule in the center and an antibiotic was ordered on 7-17-08. The tenant presented with increased behaviors on 8-7-08. The nurse also indicated the tenant continued to have an increase in the reddened area on his/her bottom after antibiotic use and staff have used a diaper rash ointment, Udder Balm, and other over the counter ointments. The area was not completely healed and at present Auquiphillic cream was being applied to the rash. The nurse indicated the rash extends along the bilateral labia area and onto each buttock. The tenant was seen by the doctor on 9-3-08 and Baza cream was ordered to be applied to the affected area twice daily and Macrodantin, 50 mg, was ordered. The service plan was updated on 8-11-08; however, it was not updated, as needed, and was not signed until 8-19-08. The service plan was not signed by the nurse, two staff and the tenant or the tenant's legal representative. The tenant's service plan did not address planned and spontaneous activities for those unable to plan their own, based on the tenant's abilities and personal interests.

Tenant #2, an 88 year old, was admitted on 2-14-08 and diagnoses include: Dementia and Hypertension (HTN). The tenant was staged at a 6.3 on the GDS, which indicated severe cognitive impairment. The tenant's service plan was updated on 8-13-08; however, it was not signed by the tenant or the tenant's legal representative and two staff until 8-26-08. The nurse signed the plan on 8-13-08. The tenant's service plan did not address planned and spontaneous activities for those unable to plan their own, based on the tenant's abilities and personal interests.

Tenant #3, an 88 year old, was admitted on 12-17-07 with a diagnosis of Dementia. The tenant was staged at a 5.6 on the GDS, which indicated moderately severe cognitive impairment. The tenant's service plan dated 7-10-08 was not signed by the nurse, two staff and the tenant or the tenant's legal representative. The tenant's service plan did not address planned and spontaneous activities for those unable to plan their own, based on the tenant's abilities and personal interests.

Tenant #7, a 77 year old, was admitted on 6-6-08 with diagnoses of: Lewy Body Dementia, Bi-Polar Disorder HTN and Anemia. The tenant was staged at a 6.6 on the GDS, which indicated serious cognitive impairment. The tenant's service plan was updated on 7-16-08, with a change in condition; however, it did not have the signature of the tenant or the tenant's legal representative and was not signed by staff and a health care professional until 7-30-08. The service plan dated 8-18-08 was updated with a change in condition; however, it did not have the signature of the tenant or the tenant's legal representative and was not signed by staff and a health care professional until 09-02-08. Neither service plan addressed planned and spontaneous activities for those unable to plan their own, based on the tenant's abilities and personal interests.

- Regulatory Insufficiency: The program did not, when the tenant needs personal care or health-related care, update the service plan, as needed, by a multidisciplinary team that consists of no fewer than three individuals, including a health care professional and other staff appropriate to meet the needs of tenant, in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. (25.28(3))

- Regulatory Insufficiency: The program did not consistently develop service plans for tenants who are unable to plan their own activities, including tenants with dementia, that included planned and spontaneous activities based on the tenant's abilities and personal interests. (25.28(4)d)

**C. Medications** – Program has a comprehensive written medication policy that allows tenant self-administration, but accommodates the need for tenant medication assistance via nurse delegation. The medication assistance is appropriately supervised and administered. Medications are appropriately stored. [231C.16A]

Monitoring Observation: Review of Medication Administration Records (MARs) and Treatment records indicated medications and treatments were not consistently provided or administered or not consistently documented as provided or administered. Below is a table documenting medications or treatments that were either not given or not documented as being given.

| | | |
|---|---|---|
| Tenant #1 | Bowel Movements are on the | 8-5-08 day shift, 8-19-08 |

| | | |
|---|---|---|
| | physician order sheet. | evening shift, 8-21-08 day shift, 8-26-08 day shift, 8-27-08 evening shift and 8-31-08 day shift, not completed or not documented as completed. |
| Tenant #1 | Toileting # of times is on the physician order sheets. | 8-5-08 day shift, 8-26-08 day shift, 8-27-08 evening shift and 8-31-08 day and evening shifts. Not completed or not documented as completed. |
| Tenant #2 | Ambulation 1)self 2) walker 3) assist of 1 or 2 is on the physician order sheets. | 8-4-08 night shift, 8-7-08 day and evening shift, 8-8-08, 8-9-08 and 8-10-08 evening shift, 8-12-08 evening shift, 8-13-08 night shift, 8-14-08, 8-15-08 and 8-16-08 evening and night shifts. Not completed or not documented as completed. |
| Tenant #2 | Apply Bacitracin to wound areas after warm soak, every day. | 7-27-08 not completed or not documented as completed. |
| Tenant #2 | Ambulate 15 minutes after each meal, three times a day. | No initials for the month of July except for 7-29-08 all day, 7-30-08 and 7-31-08 after breakfast and lunch. No initials on 8-2-08, 8-4-08, 8-6-08, 8-7-08, 8-11-08, 8-16-08 and 8-17-08 and 8-25-08. Not completed or not documented as completed. |
| Tenant #3 | Sulfcetamide NA 10% poth. Solution, four times daily for five days. | 7-20-08 at 12:00 p.m., 7-21-08 at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m. was not given or not documented as given. |
| Tenant #3 | Oral Hygiene 1) self 2)assist 3) dentures out at HS is on the physician order sheets. | 7-5-08 evening shift, 7-10-08 evening shift, 7-19-08 evening shift, 7-22-08 day and evening shifts, 7-27-08 evening shift and 7-28-08 evening shift; was not completed or not documented as completed. |
| Tenant #5 | Lorazepam, 0.5mg, twice daily. | 7-29-08, 8:00 p.m. not given or not documented as given. |
| Tenant #5 | Ensure, 237 ml by mouth, three times daily with meals. | 7-1-08, 7-2-08, 7-8-08, 7-13-08, 7-15-08, 7-22-08 at 12:00 p.m. were not given or not |

| | | |
|---|---|---|
| | | documented as given. |
| Tenant #5 | Risperdal, 0.25mg daily at bedtime. | 6-8-08 and 6-28-08, 8:00 p.m. were not given or not documented as given. |
| Tenant #7 | Detrol LA, 2mg daily. | 7-19-08, 8:00 a.m. was not given or not documented as given. |
| Tenant #7 | Seroquel, 50mg, three times daily. | 7-12-08, 4:00 pm., 7-19-08, 8:00 a.m., & 7-28-08, 4:00 p.m. were not given or not documented as given. |
| Tenant #7 | Lorazepam, 0.5mg, twice daily. | 7-12-08, 4:00 p.m. not given or not documented as given. |
| Tenant #7 | Midodrine HCL, 2.5mg ½ tablet, twice daily. | 7-12-08, 4:00 p.m. was not given or not documented as given. |
| Tenant #7 | Miralax, twice daily. | 7-12-08, 4:00 p.m. was not given or not documented as given. |
| Tenant #7 | Senna S, three times daily. | 7-9-08, 7-12-08, 7-14-08, 7-16-08, 7-19-08, 7-23-08, 7-25-08, 7-28-08 & 7-29-08 12:00 p.m. doses were not given or not documented as given. |

Tenant #7 had an order for Miralax powder at 8:00 a.m. and 4:00 p.m. According to communication logs, the tenant had diarrhea on 8-30-08 through the present time. The communication logs indicated to hold the Miralax due to diarrhea. Review of the MARs indicated the medication was at times given or inappropriately documented as a held medication. For example on 9-2-08 at 8:00 a.m. staff signed the medication as given despite the tenant's diarrhea. On 8-31-08 at 4:00 p.m. staff initialed and circled on the front of the MAR; however, did not provide an explanation on the back of the MAR.

- Regulatory Insufficiency: The administration of medications shall be provided by an Iowa-licensed registered nurse or advanced registered nurse practitioner registered in Iowa or the authorized agent in accordance with 655—subrule 6.2(5) and 655—subrule 6.3(1) and Iowa Code chapter 155A and in executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules: 25.29(2)a, 655-6.2(5)e(152).

**D. Nurse Review** - Program provides a registered nurse to ensure the appropriate administration and documentation of medications, ensure that physician orders are current, and assess and document the tenants' health related activities. [321 IAC 25.30]

Complaint Allegation #17623R: The program received a regulatory insufficiency at the time of the April 28, 2008 visit in regard to the program not consistently documenting or assessing Tenant #1's health status, as needed.

Monitoring Observation: Tenant #1 had nurse review completed on 8-11-08.

Tenant #3 had three falls or was found on the floor from 7-25-08 to 8-28-08, including two falls with injuries. Nurse review was not completed, as needed, to assess and document the health status of the tenant when there were changes in health status.

Tenant #5, a 68 year old, was admitted on 10-11-07 with a diagnosis of Alzheimer's Disease. Nurse's notes of 7-5-08, 7-6-08, 7-10-08 and 7-13-08 indicated the tenant had fallen. The nurse did not complete a nurse review to assess and document the health status of the tenant when there were changes in health status.

- Regulatory Insufficiency: The program did not consistently assess and document the health status of each tenant or make recommendations at least every 90 days or if there were changes in health status. (25.30(3))

Monitoring Observation: Tenant #2 had an order dated 6-26-08 to encourage walking 15 minutes after each meal. The order was noted with date and signature; however, was not timed. A note was made on the order again on 7-29-08 and stated to put the order on the ADL sheet. The first documented initials, when staff completed the treatment for this order, occurred on 7-29-08. Staff #6, in an interview, stated she had not heard about walking with the tenant after meals. Staff did not consistently document this treatment as completed, for the month of August 2008.

- Regulatory Insufficiency: The program did not consistently ensure that health care orders for tenants receiving health care professional-directed care from the program were current. (25.30(2))

Monitoring Observation: Review of tenant files including Tenant #1, #2, #5 and #8 indicated physician orders were not consistently documented with time and signature.

- Regulatory Insufficiency: The program did not consistently provide with written documentation of the activities, as set forth in 25.30(1) through 25.30(3), showing the time, date and signature.

**E. Food Service** – Program shall provide or coordinate with other community providers to provide hot or other appropriate meal(s) at least once a day or make arrangements for the availability of meals. Menus shall be appropriately planned. If applicable, therapeutic diets shall meet all requirements. Food preparation personnel shall meet all requirements. [321 IAC 25.32]

Monitoring Observation: Review of staff files indicated Staff #3 did not have an annual in-service training on food protection. Staff #5 did not have an orientation on sanitation and safe food handling prior to handling food or an annual in-service training on food protection. The Director indicated food safety courses were set up with the Scott County Health Department on 9-15-08 and 9-16-08.

- Regulatory Insufficiency: The program did not consistently provide an orientation on sanitation and safe food handling prior to handling food and did not have an annual in-service training on food protection. (25.32(5))

**F. Staffing** - The provisions of this section address the program's staffing and training practices and associated documentation in responding to the identified needs of the tenant. [321 IAC 25.33]

Complaint Allegation #17623R: The program had received a regulatory insufficiency at the time of the April 28, 2008 visit related to not providing sufficient trained staff available at all times to fully meet tenants' identified needs.

Monitoring Observation: Staff interviews with Staff #3, #5, #7 and #8 indicated tenants had not been physically or verbally harmed by staff.

- Regulatory Insufficiency: None noted.

Complaint Allegation #18835: It was alleged Tenant #2 had four falls in the last six weeks. It was alleged the falls are occurring due to staff not watching the tenant close enough. It was alleged the tenant had abrasions on the left side of his/her face on 7-18-08 and an injury to his/her left facial area and left eye. It was alleged the tenant's shoes were not put on correctly by staff on 7-18-08.

Monitoring Observation: Incident reports from June, July, and August of 2008 were reviewed. Tenant #2 had two documented incidents of falls or of being found on the floor. On 6-11-08 the tenant fell in the courtyard and had no apparent injuries. On 7-17-08 the tenant was found on the floor at 9:42 p.m. with injuries, including to the left nasal nare that had an abrasion, the left eye/cheek area with discoloration and the left side of the upper lip with a small laceration on the inside. Vitals were taken and the nurse and family were notified. The nurse assessed the tenant on 7-18-08. Staff #3 and #5 indicated the tenant had fallen one time. Staff #4 and #6 indicated the tenant did not have a history of falls. Staff #3 stated if the tenant puts on his/her shoes they have sometimes been put on incorrectly; however, when staff assists there are no issues with the tenant's shoes. Staff #4 indicated the tenant needs assistance with dressing. The tenant sometimes puts the shoes on the wrong feet. Staff #4 did not know of any issues with staff putting the tenant's shoes on the wrong feet. Staff #6 did not know of any issues with shoes being put on incorrectly. The tenant's most current service plan indicated staff were to assure the tenant's shoes were put on appropriately. The nurse indicated this was added to the service plan to make caregivers aware that shoes are placed properly as he/she, at times, steps on the back of his/her shoes. The tenant's service plan indicated the tenant walked independently inside the program and required assistance outside the program. The tenant was observed by the monitor and had shoes appropriately placed on his/her feet. Three family interviews were held. Family stated the tenants were getting needs met; however, a supervisor was needed on the weekends. Staff interviews with Staff #3, #5, #7 and #8 indicated staffing was sufficient to meet the needs of the tenants.

- Regulatory Insufficiency: None noted.

Monitoring Observation: Tenant #1, on 7-17-08, presented with odorous urine and with an area on the tenant's bottom which appeared to be a red circle with a pustule in the center, an antibiotic was ordered. The tenant presented with increased behaviors on 8-7-08. The nurse indicated the tenant continued to have an increase in the reddened area on his/her bottom after the antibiotic use. Staff used a diaper rash ointment, Udder Balm, and other over the counter ointments which the nurse provided and the spouse agreed to

use. The area was not completely healed and at present Auquiphillic cream was applied to the rash. The nurse brought and began to use, Auquiphillic cream without a physicians order and prior to receiving approval from the spouse. The nurse indicated the rash extends along the bilateral labia area and onto each buttock. The tenant was seen by a doctor on 9-3-08 and Baza cream was ordered to be applied to the affected area twice daily and Macrodantin, 50 mg, was also ordered.

- Regulatory Insufficiency: The program did not consistently provide nursing services in accordance with Iowa Code chapter 152 and 655-Chapter 6.

**G. Other** – The provisions of this section address the program's noncompliance with other applicable statutory and administrative rule requirements.

During the course of the September 2 & 3, 2008 on-site visit, a review of the Plan of Correction (POC) submitted in response to the complaint investigation of April 28, 2008, was completed. It was determined the program did not fully implement the Plan of Correction.

Monitoring Observation: The program's Plan of Correction indicated the program planned to make corrections in the area of Nurse Review. These corrections were not fully implemented.

- Regulatory Insufficiency: The program did not fully implement the Plan of Correction submitted. (25.8(3))

Dated this 23rd day of October, 2008.